

# Medical Exemption Request

## INSTRUCTIONS

- The child's pediatrician, family physician or internist licensed in Mississippi must complete and submit this form to the District Health Officer where the child will be attending school.
- The District Health Officer will complete the **Medical Exemption Form 122** and return it via mail to the physician and/or parent at the addresses indicated below.

Date of Request: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First MI

Name of Parent: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City State Zip

Indicate the exemption status for each vaccine in the table below (an exemption status is required for each vaccine):

Vaccine	Mark Permanent, Temporary or No Exemption	Expiration Date if Temporary
DTaP		
Hepatitis B		
*Hib		
IPV		
MMR		
*Pneumococcal		
**Tdap		
Varicella		

*\*For child care only*

*\*\*For 7<sup>th</sup> grade entry only*

Indicate reason for medical exemption (use additional sheets if needed):

Print name of child's pediatrician/family  
physician/Internist licensed in MS: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_

I declare that:

- The physical condition of this child to be such that the vaccination(s) specified on this form would endanger their life or health and outweighs the risks of death or disability from the vaccine preventable disease.
- I have discussed the benefits and risks of immunizations with the parent/guardian as a condition for exemption.
- I have informed the parent/guardian that if any vaccine-preventable diseases for which the child has not been adequately immunized are occurring in or threatening to occur in the community, the child will, for the safety and benefit of him/herself and other children, be excluded from daycare/ school until the infectious disease is no longer present or is no longer a threat to the safety and welfare of the child or other children in the daycare/school.

Signature of child's pediatrician/family physician/internist licensed in MS: \_\_\_\_\_

Mississippi Medical License Number: \_\_\_\_\_ NPI #: \_\_\_\_\_

This document should be submitted to the District Health Officer located in the district where the child will be attending school. A list of District Health Officers can be found at [http://msdh.ms.gov/msdhsite/\\_static/19html](http://msdh.ms.gov/msdhsite/_static/19html).